

Village of Barrington
FOP Employee Insurance Premium Contribution Rates for 2004 - 2005 Plan Year
Effective 7/1/2004 through 6/30/2005

----- Health Insurance ⁽¹⁾ -----						
	Annual Contribution Rate		Monthly Contribution Rate		Pay Period Contribution Rate	
	<u>Village</u>	<u>Employee</u>	<u>Village</u>	<u>Employee</u>	<u>Village</u>	<u>Employee</u>
<i>HMO Premium</i>						
Employee Only	\$3,634.56	\$0.00	\$302.88	\$0.00	\$151.44	\$0.00
Family	\$9,684.96	\$1,067.76	\$807.08	\$88.98	\$403.54	\$44.49
<i>Regular PPO Premium</i> ⁽²⁾						
Employee Only	\$5,056.56	\$0.00	\$421.38	\$0.00	\$210.69	\$0.00
Family	\$14,121.60	\$1,850.64	\$1,176.80	\$154.22	\$588.40	\$77.11
<i>Enhanced PPO Premium</i> ⁽³⁾						
Employee Only	\$4,960.56	\$0.00	\$413.38	\$0.00	\$206.69	\$0.00
Employee + 1	\$9,470.64	\$1,281.12	\$789.22	\$106.76	\$394.61	\$53.38
Family	\$14,310.48	\$2,343.60	\$1,192.54	\$195.30	\$596.27	\$97.65

----- FOP Dental and Vision Insurance -----			
	Annual Contribution Rate	Monthly Contribution Rate	Pay Period Contribution Rate
	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>
<i>HMO Premium</i>			
Employee Only	\$85.44	\$7.12	\$3.56
Family	\$329.04	\$27.42	\$13.71
<i>Vision Only</i>			
Employee Only	\$75.36	\$6.28	\$3.14
Family	\$276.48	\$23.04	\$11.52
<i>Delta Dental Premium if not Enrolled in Vision</i>			
Employee Only	\$181.44	\$15.12	\$7.56
Family	\$1,024.08	\$85.34	\$42.67
<i>Delta Dental Premium if Enrolled in Vision Plan</i>			
Employee Only	\$270.72	\$22.56	\$11.28
Family	\$1,113.12	\$92.76	\$46.38

Remember that premiums for Health, Dental, FOP Dental, FOP Vision, as well as other optional insurance plans may be deducted on a Pre-Tax Basis through the 125 Flexible Benefits Plan. This reduces the employee cost for these programs by reducing the Employee taxable income for purposes of Federal and State Income Taxes.

(1) All Health Premiums include IPBC Administration Fees.

(2) The Regular PPO has a lifetime maximum of \$1 million per person.

(3) The Enhanced PPO plan utilizes the same PPO network and basic plan provisions as the Regular PPO. In addition, it includes Well Care (preventative) benefits of \$300 per person per calendar year and an increased lifetime maximum of \$3 million per person. Employee contributions for this plan are based on a 18% contribution formula for the family portion of the premium.